

CAED 435 (Rev. 04/18)		United States District Court, Eastern District of California		Case 6:20-po-00742-HBK Document 34 Filed 10/21/21 Page 1 of 1		FOR COURT USE ONLY					
TRANSCRIPT ORDER						DUE DATE:					
PLEASE Read Instruction Page (attached):											
1. YOUR NAME BENJAMIN GERSON		2. EMAIL benjamin_gerson@fd.org		3. PHONE NUMBER 559.487.5561		4. DATE					
5. MAILING ADDRESS 2300 Tulare Street, Suite 330				6. CITY Fresno		7. STATE CA	8. ZIP CODE 93721				
9. CASE NUMBER 2:20-PO-742		10. JUDGE HBK		DATES OF PROCEEDINGS							
				11. FROM 10/12/21		12. TO 10/12/21					
13. CASE NAME U.S. v. Nunn				LOCATION OF PROCEEDINGS							
				14. CITY Yosemite		15. STATE CA					
16. ORDER FOR											
<input type="checkbox"/> APPEAL No.		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY					
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)					
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) You must provide the name of the Reporter.											
TRIAL		DATE(S)		REPORTER		HEARINGS		DATE(S)		REPORTER	
<input type="checkbox"/> ENTIRE TRIAL						<input checked="" type="checkbox"/> OTHER (Specify Below)					
<input type="checkbox"/> JURY SELECTION						MOTION HEARING		10/12/21		ECRO	
<input type="checkbox"/> OPENING STATEMENTS											
<input type="checkbox"/> CLOSING ARGUMENTS											
<input type="checkbox"/> JURY INSTRUCTIONS											
18. ORDER (Grey Area for Court Reporter Use)											
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE				COSTS			
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
14-Day	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES								
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>									
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL							
19. SIGNATURE /s/ Benjamin Gerson				PROCESSED BY							
20. DATE 10/21/2021				PHONE NUMBER							
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS							
ORDER RECEIVED		DATE	BY								
DEPOSIT PAID				DEPOSIT PAID							
TRANSCRIPT ORDERED				TOTAL CHARGES							
TRANSCRIPT RECEIVED				LESS DEPOSIT							
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED							
PARTY RECEIVED TRANSCRIPT				TOTAL DUE							